



QR code is for internal use

This report is due within 7 calendar days of the date of service. The report must be completed in full, and the date of service on the invoice must match the date of service on this form (the date of the assessment or reassessment) for payment to be processed.

Number of pages submitted
Date of service (date of assessment or reassessment) (yyyy-mm-dd)

Worker and claim information

Worker's last name	First name	Middle initial	WorkSafeBC claim number
Area(s) of injury accepted on this claim			
Date of injury (yyyy-mm-dd)		Date of initial assessment (yyyy-mm-dd)	
Claim owner		Primary care provider (e.g., attending physician or nurse practitioner)	

Assessment findings

Significant subjective history



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Significant clinical/objective findings

Outcome measures and/or functional tasks summary
 Please list the outcome measure or functional task (first column), then state the previous and current findings regarding each measure or task (second and third column).

Outcome measure or functional task	Previous assessment findings	Current assessment findings
	Date (yyyy-mm-dd)	Date (yyyy-mm-dd)



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Outcome measure or functional task	Previous assessment findings	Current assessment findings

Are there factors promoting or impacting recovery?

Treatment goals, plan, and recommendations

Treatment goals		
Physiotherapy goals	Current status	Goals for this treatment period



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Treatment plan (include frequency and duration)

Attendance (number of visits attended to date)

Recommendations



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Expected outcome of physiotherapy treatment

Provider's information

Physical therapist's name	Payee number
Clinic's name	Clinic's email
Clinic's phone number	Clinic's fax number

How to complete and submit your form

Uploading online is the quickest method! Digitally complete this fillable form, then visit worksafebc.com/claims-uploader to submit the electronic document to the worker's claim file. Alternatively, you can print the form, complete it manually, and upload a photo of it at the URL above.

Fax: 604.233.9777 (toll-free at 1.888.922.8807) | **Mail:** WorkSafeBC, PO Box 4700 Stn Terminal, Vancouver, BC, V6B 1J1

For further assistance: Claims Call Centre, 604.231.8888 (toll-free at 1.888.967.5377), M-F, 8 a.m. to 6 p.m.

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office at PO Box 2310 Stn Terminal, Vancouver, BC, V6B 3W5, or email FIPP@worksafebc.com, or call 604.279.8171.